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SERIAL NUMBER 10/803,080	FILING OR 371(c) DATE 03/18/2004 RULE	CLASS 345	GROUP ART UNIT 2629	ATTORNEY DOCKET NO. IMMR-IMD0194 (434701-111)
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/01/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	DC	6	32	6
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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60140

TITLE

MEDICAL DEVICE AND PROCEDURE SIMULATION

FILING FEE RECEIVED 1700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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